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THE NEWSWEEKLY FOR PHARMACY



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18 January 1997

PSNC is 'refining approach' to pay bid

OTC proxy requests higher than predicted

Paracetamol recall raises safety issues

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Gehe wins battle for Lloyds with £684m offer

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Having won the battle for Lloyds Chemists, Gehe is to conduct a thorough review of the group. Will it merge Lloyds' and Hills' pharmacies? Who will run Lloyds? What will happen to Lloyds' subsidiaries? Gehe will provide the answers within the next three to six months, but there must be some disappointment that the company has not moved more decisively to integrate its acquisition. It has, after all, had a whole year to look at the options. One immediate priority is to sell seven Lloyds' wholesale depots, as decreed by the Monopolies Commission. Gehe has a shortlist of 20 potential buyers, although their names remain confidential, and it has to divest the depots within three months. Since the depots supplied Lloyds' branches in main, and this business will presumably be picked up by AAH, it will be interesting to see who the purchasers are and how much they are prepared to pay.

Dieter Kämmerer, Gehe's chairman, has reportedly said that its work on Lloyds will not be completed for at least two to three years. Investing in Lloyds should not be a problem. While it has paid a huge sum for the group, it can offset part of the cost by divesting Lloyds' subsidiaries. The German company has not ruled out selling Holland & Barrett, the Lloyds' healthfood chain, and the American company GNC has been mooted as a possible buyer.

Meanwhile, the consolidation of pharmacy businesses looks set to continue. Unichem, putting a brave face on its defeat, has made it clear it will continue to expand its Moss chain by the slower and harder route of acquiring individual businesses. And Gehe, in spite of Lloyds, has said it will still be looking for further pharmacies.

For those independents with sound businesses the pressure will be on – either to sell up or to compete in an environment ever more dominated by the multiples. *Plus ça change!*

CHEMIST & DRUGGIST

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PSNC 'refining approach' for 1997-98 pay round

Pharmaceutical Services Negotiating Committee chairman Wally Dove says that the Committee is "refining its approach to the Department" over next year's pay negotiations.

With the 1996-97 round only recently settled, PSNC has two main considerations: the possible role of the Pharmacy Review Panel and the remuneration proposals in the 'Pharmacy in a New Age' initiative.

The Committee "is firmly against any attempt to redistribute remuneration for the dispensing service to pay for new roles". However, it says that the remuneration system should be equitable and reward fairly those contractors providing additional pharmaceutical services.

As such, PSNC is still considering possible additional methods of remuneration. "We are not looking for a complete alternative, but add-ons," says Mr Dove.

Nothing has been referred to the Panel over the past two years, partly due to global sum considerations. Instead, Mr Dove says that the Committee is "considering pushing NHSE for a review body, like other professions".

A response from health minister Gerald Malone "doesn't indicate that there will be any further money forthcoming".

NHS (Primary Care) Bill PSNC says it "was successful in having all of its probing amendments

tabled in the House of Lords during the committee stage of the Bill". The amendments were intended to test the Government's thinking and to provide 'on the record' assurances.

PSNC had concerns that there was no reference to consultation with LPCs in the Bill. Mr Malone has stated that the appropriate bodies must be consulted by the health secretary or health authorities. PSNC has also been assured over fears of an increase in the number of dispensing doctors.

Patient packs PSNC is still concerned over the treatment of residual stock; how the DoI will handle the container allowance; what should be done with patient information leaflets when a patient pack is split following a # annotation by the prescriber to indicate a quantity other than a complete pack should be dispensed; and monitored dosage systems.

Pilot studies PSNC is to write to NHSE concerning its letter inviting bids for development funds for pilot projects (C&D December 21/28, 1996, p869). The letter only allowed six weeks for preparing and submitting any bid, a period PSNC considers "inadequate".

Observers PSNC is reintroducing arrangements for LPC members to attend PSNC meetings.

Negotiating courses Further skills training courses for LPCs will be run from April.

Oxygen delivery

Following misleading advice from some health authorities, the NHSE has agreed that the existing domiciliary oxygen arrangements in respect of set hire and cylinder supply will continue until the NHS Bill is law, when the health secretary may then direct for services to continue.

Payments to contractors for supplying existing patients with cylinders will continue, as appropriate, on an *ex gratia* basis. Any new arrangements to hire head sets to patients across an HA border may now only be made with the specific authorisation of the HA with whom the contractor has a contract.

The HA will pay retrospectively for the delivery of one set with cylinders in the case of emergency where the contractor is unable to obtain authorisation from the HA.

PSNC does not consider that these arrangements meet the needs of patients and has pressed NHSE to continue the current arrangements in their totality until arrangements are made under the new NHS Bill.

HAs were concerned that cross-border supplies should not be made, as they consider the wording of current regulations does not permit this.

Paracetamol recall raises safety issues

A recall of paracetamol in GSL packs has again raised concerns over the issue of the sale of medicines from non-pharmacy outlets.

Certain packs of Aspar Pharmaceuticals' paracetamol tablets BP 500mg, distributed by Batleys, omit dosage instructions, the Product Licence number and supplier name. The Medicines Control Agency issued a product recall on January 9, shortly after Aspar became aware of the problem and informed the MCA.

Concern has been expressed that although the MCA's warning will remove the product from pharmacy shelves, no similar system exists for other retailers who could sell GSL medicines.

The recall message for non-pharmacy outlets has to be directed by way of a system designed to alert local authorities on food safety.

Health and trading standards officers in the areas where the 13 Batley outlets deliver have been warned, and the recall has been advertised locally and in the national press. Aspar spokesman A Cameron thought it unlikely that many pharmacies would be carrying the product.

Royal Pharmaceutical Society secretary and registrar John Ferguson comments that the incident "demonstrated once again how much better it would be for public safety if the sale of medicines were confined to registered pharmacies".

Referring to the recall of junior aspirin in 1986, he says that the products were removed from pharmacy shelves virtually overnight. However, "junior aspirin products were still being found in other retail outlets months, and in some cases, years later".

● The MCA's drug alert recalls batches of Aspar Pharmaceuticals' paracetamol tablets BP 500mg in 25-tablet GSL packs due to the omission of the dosage instructions, Product Licence number (8977/0001) and supplier name. The following batches, distributed in the Batleys' livery, are affected:

Batch	expiry	distributed
6759	Nov 99	Nov 18, 1996
6774	Nov 99	Nov 21, 1996
6807	Nov 99	Dec 05, 1996
6809	Nov 99	Dec 09, 1996
6833	Dec 99	Dec 16, 1996
6848	Dec 99	Dec 23, 1996



Unichem threw in the towel on Monday in the takeover battle for Lloyds after Gehe raised its bid (see p27)

More controversy for planned Tesco stores

Tesco has put in two more controversial pharmacy applications.

West Kent Health Authority held a public meeting last week for people to air their views on Tesco's plans for a pharmacy at a new store being built at Riverhead, near Sevenoaks. Local pharmacists had objected on the grounds that it would adversely affect their business. A councillor was quoted in the *Sevenoaks Chronicle* as being "appalled" at a proposal which would badly affect the Day-Lewis pharmacy, which "runs a marvellous service".

Andy Scott-Clark, the Health Authority's pharmaceutical adviser, told *C&D*: "We don't usually hold public meetings, but decided to do so because of the large number of letters we received." About 60 people attended the meeting.

In Lewes, East Sussex, local councillors claim that a new pharmacy in the edge of town Tesco could damage local small pharmacies, according to the *Sussex Express & County Herald*. But other officials are quoted as saying that the supermarket would offer easier access to the elderly and had longer opening hours.

Pharmacy numbers up in 1996

There was a net increase in pharmacies registered in Britain last year.

As of December 31, the figure stood at 12,325, up from 12,244 at the end of 1995. December saw a net increase of 17 premises to the Register, with 24 pharmacies

commencing trading, eight being deleted and one restored.

Moss generated the most activity, becoming the new owner of nine outlets, mainly in the south east of England.

It also opened in a Sainsbury's store in Surrey.

Future family planning pilot for folic acid first

The National Pharmaceutical Association and the Health Education Authority have developed a model for pharmacists to follow, promoting the importance of women taking folic acid when planning to have a baby.

About a dozen community pharmacists, including Boots' and Lloyds' representatives as well as independents, have been invited to a workshop on January 29 to explore what information and materials pharmacies need to run an effective folic acid campaign. The ideas will be developed into a folic acid campaign

pack available from the HEA.

The pack will be piloted in one health authority before it is made widely available. It could include new point of sale materials, training for counter assistants, ideas for an in-store campaign and merchandising, depending on what the workshop suggests.

Georgina Craig, the NPA's head of professional development, said this week: "If the initiative works well, it could provide a model for the NPA and the HEA to develop other community pharmacy campaigns in the future."

NPA withdraws 'Pharmassist' scheme

The National Pharmaceutical Association has withdrawn its listening and counselling service for pharmacists due to a lack of response.

'Pharmassist' was introduced over a year ago as the NPA considered that its members have a high stress level. The NPA is now recommending that pharmacists use the Royal Pharmaceutical Society's 'Listening Friends' scheme instead.

NPA spokeswoman Colette McCreedy was surprised that Pharmassist was not used more. She adds that the service was no longer considered value for money. "If, at a later date, it seems that pharmacists are geared up for using a service, we will consider reintroducing it," she says.

The Listening Friends scheme can be reached on 0171 820 3387.

New Leeds one-stop centre with pharmacy

Leeds city council is planning to include a pharmacy in another one-stop help centre in the west of the city.

A range of services will be offered, including a surgery, job guidance and advice on housing and social services. A similar centre opened last year in Seacroft, with an independent pharmacy relocated from one of the estates. The health authority is still deciding an appropriate site for the new centre, which is likely to be completed this year.

A \$7.8 million expansion scheme in the city involves opening three more one-stop advice centres and improving council offices.

Inaugural EPIC date

The Employee Pharmacists in the Community (EPIC) group has set its inaugural meeting for March 16 (*C&D* November 23, 1996).

The meeting will formally constitute an association for pharmacist employees and locum pharmacists in the community. It will begin at 2.00pm in the Royal Pharmaceutical Society's hall, London.

A steering group meeting in February will define membership to confirm the eligibility of pharmacists to attend the meeting.

Any pharmacist employee or locum who would like to join should contact acting secretary Emmanuel Opaleke at 16 Maryatt Avenue, South Harrow, Middlesex HA2 0SS. Anonymity will be preserved if requested.

Protocol implications for proxy consultations

Proxy consultations in pharmacies, where a customer acts as proxy for a patient, need to be taken into consideration when developing protocols, new findings suggest.

The study by the National Primary Care Research and Development Centre has surprised researchers in that the number of proxy requests was higher than anticipated.

'The Role and Contribution of Pharmacy in Primary Care' was published last week. It forms part of the Manchester University-based Centre's remit to the Department of Health to disseminate findings.

Research was conducted in week-long observations in ten pharmacies representing different sectors of the community. Pharmacist/pharmacy assistant interactions with the public were monitored. Participants were also interviewed about their views on pharmacy and pharmacist advice. Brief data was collected from 1,000 customers, as well as from semi-structured

telephone interviews with 44 customers.

Referring to proxy consultations, co-author Karen Hassell says: "We never realised how high it was. It makes it difficult for a pharmacist to give appropriate advice. Because the frequency was so high, the profession needs to take this into account when developing protocols."

The study generated a lot of qualitative information and indicates that for certain conditions, patients are consulting pharmacists instead of, rather than in conjunction with, their GP. "People are making rational decisions, they are recognising that their illness is self-limiting and are consulting their pharmacist," says Ms Hassell.

The report identifies two types of customer: the 'determined purchaser' who demands a specific over the counter product by name or requests a specific product type for self-diagnosed symptoms; and the 'worried well patient' who describes their symptoms and then receives

either assurance or a product recommendation.

The powerful influence of advertising on purchasing decision is demonstrated by the determined purchaser requesting a specific product or by referring to an advert, says the report.

For the worried well patient, reassurance could be to confirm a suspicion about an ailment, to seek legitimisation for a visit to the GP, or to confirm that their medication is correct and will not do them any harm.

Response from the participating pharmacists was very positive, says Ms Hassell. "Every pharmacist was very enthusiastic - they were all saying the pharmacist's role in primary care needs to be acknowledged more."

Copies of the summary report can be obtained from the communications officer at NPCRDC by sending a cheque for \$5.95 made payable to 'University of Manchester' at 5th Floor, Williamson Building, the University of Manchester, Manchester M13 9PL. Tel: 0161 275 7633.

SPGC advice

The Scottish Pharmaceutical General Council is advising contractors that the Prescription Pricing Division has been instructed to process old-style prescription forms up to and including February 7. The position after this is to be reviewed.

Selected List changes

The consultation period for the proposed changes to the Selected List Scheme ended on January 9 (*C&D* November 30, 1996, p760). However, the Department of Health says that there is no timescale, as yet, for them to be laid before parliament.

Fitness to Practise Bill

The Pharmacy (Fitness to Practise) Bill will receive a second hearing in the House of Commons on January 17. The Bill sets out to protect the public from pharmacists whose competence is impaired by illness (*C&D* November 23, 1996, p724).

Phenacetin order revoked

The Medicines (Phenacetin Prohibition) (Revocation) Order 1996 was published last week. Coming into force on January 21, it revokes the Statutory Instrument 1979/1181. The Stationery Office, SI 3269, ISBN 0110635329, price £1.10.

LPC conference reminder

Local pharmaceutical committees are reminded that resolutions for consideration at the LPC conference should be submitted to PSNC by January 24. The agenda will be sent out in the second week of February.

COSHH regulations

The Control of Substances Hazardous to Health (Amendment) Regulations 1996 (SI 1996 No3138, Stationery Office, £1.55) add 18 new substances to the list of those with maximum exposure limits and remove two previously included. The regulations came into effect on January 10.

Barons' warning

A weak public health movement has no chance against the tobacco and alcohol barons, NAHAT director Philip Hunt has warned. There was little chance of getting public and political support for tackling inequalities in the nation's health without a strong public health movement, he said. At present this is a "splintered collection of organisations which simply does not pack a punch".

PSNC responds to latest Government White Paper

The Pharmaceutical Services Negotiating Committee has responded to the latest White Paper, welcoming its recognition of the importance of community pharmacy in primary care.

'Primary Care: Delivering the Future' sets out 70 proposals to improve patient care and complements the Primary Care Bill currently before parliament.

In a letter to health secretary Stephen Dorrell, PSNC secretary Stephen Axon says "further enhancement of the pharmacy role as the first point of contact with primary care should be a priority".

Describing the pace of development of additional NHS services for community pharmacy as "disappointingly slow", Mr Axon says: "PSNC hopes that the White Paper will provide the impetus for more rapid development in the future."

PSNC hopes the White Paper's emphasis on a greater reliance on local initiatives will not be at the expense of additional community pharmacy services on a national basis.

Mr Axon warns: "The extent to which community pharmacy can make investment additional to its already huge investment in NHS services is severely limited."

The extra \$65 million allocated to the General Medical Services funds is considered "to be very modest in the context of the Paper's proposals, and [is] restricted to GPs. It is greatly disappointing to community pharmacy that the Paper makes no commitment to growth funding for healthcare professions".

The development funding of £2m for new local initiatives is also considered modest.

Mr Axon also writes: "Any continuing education requirement to be included within the Terms of Service ... will require additional funding outwith the current 'global sum' of community pharmacy remuneration."

The White Paper also fails to recognise that remuneration mechanisms can provide positive incentives for encouraging service development and the effective use of pharmacists' skills.

"It is wrong to seek to use the argument of perverse incentives as a means of attacking the current remuneration system for the dispensing of NHS prescriptions," he writes.

"Any shortcomings in that regard arise from the fact that NHS remuneration is generally inadequate and has not remotely kept pace with increased productivity," he adds.

Although Mr Axon is concerned that specific financial provision of £149m has been included in the White Paper, "none of it is earmarked specifically for the development of community pharmacy services".

PSNC is sceptical about the extent to which additional funding will be available to develop new pharmaceutical services. Mr Axon refers to the £32m of growth funds identified for hospital and community health services to improve services at the primary/secondary care interface. "When approached, health authorities frequently claim that such funding is not available," he says.

POM to P switch implications

Manufacturers are still considering the implications of last week's POM to P switches, which enable mebeverine to be sold as a P medicine for irritable bowel syndrome and packs of mebendazole tablets to contain up to 800mg.

Reckitt & Colman is consider-

ing a P version of Fybogel-mebeverine. Similarly, Solvay Healthcare is looking at a possible P version of Colofac. But when asked about plans for a larger Ovex, Johnson & Johnson MSD said it felt there was no need for an eight-tablet pack.

Computer-aided epilepsy training

The Pharmacy Consortium for Computer Aided Learning is launching a multimedia training package on epilepsy designed for pharmacy students.

The new package has been created in conjunction with the National Society for Epilepsy. It runs on IBM-compatible PCs (models 386 and upwards) and comes on floppy disks. It has been incorporated into some parts of the Bath University degree course.

All pharmacy schools in the UK will have access to the training package, which has been designed to be as user-friendly as possible.

High Court to rule on failed relocation bid

A pharmacist battling to relocate into a Tesco store has taken his case to the High Court.

Rajiv Sharma argues that his pharmacy at the Neighbourhood Centre, Great Berry, Langdon Hills, Basildon, is not commercially viable, and that he would be able to offer a better service from the nearby superstore at High View Avenue, Laindon.

However, his arguments were rejected by Essex Family Health Services Authority, whose decision was upheld on appeal.

Cherie Booth QC urged Justice Harrison to overturn the appeal decision and reconsider the case. Judgment is expected this week.

Health Plus - still in DoH discussions

Talks between the Department of Health and Practice Resource Systems, the creator of the Health Plus electronic prescription transfer system, broke up on January 10 without any agreement on whether the company could proceed.

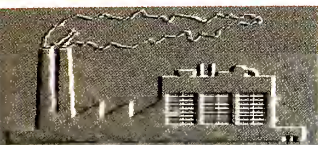
The talks followed a circular sent out by the NHS Executive advising pharmacists, GPs and health authorities not to enter into sales agreements with companies providing such systems (*C&D* January 11, p4).

Senior department officials met with PRS at the NHSE in Leeds last week in what were described by both sides as "constructive talks".

This week, an NHSE spokesman commented that the Executive was still in talks with the company. An Executive Letter, which was to follow the warning, has been put on hold pending discussions as to its content, he added.

PRS's managing director, Gary Noon, advised that there may significant developments in the near future.

INDUSTRY VIEWPOINT



NHSE finally catches up with reality

The possible problems posed by the launch of the electronic prescription transfer system, Health Plus, from Practice Resource Systems have at last produced a response from the NHS Executive (C&D January 11, p4).

However, it has taken the bureaucrats three months to realise the consequences of the unfettered introduction of this system and they are now concerned about "the continued viability of community pharmacy". This was my primary concern back in October, and no amount of huffing and puffing from Practice Resource Systems has changed my mind.

I make no apologies for repeating my opinion that Health Plus is a potentially divisive system that could destroy community pharmacy as we know it. The NHSE letter is unprecedented and confirms this opinion, but it can only be a stopgap. The NHSE has identified the problem, but the interference by private enterprise in the NHS has reached the point where further damage can only be prevented by direct political intervention.

And the solution? Community pharmacy requires a fundamental restructuring of

Topical Reflections

the contract to enable health authorities to actively control both the distribution of community pharmacies providing NHS services, and the quality of that service.

In exchange, the profession should demand reasonable compensation for pharmacists who are disadvantaged, while expecting a remuneration structure that properly reflects their increasing professional responsibilities.

Many vested interests will fight to prevent this vision for the future. If nothing else, Health Plus may have focused a sufficient number of political minds to enable constructive proposals to evolve from potential disaster.

Privatisation via the back door

The NHS (Primary Care) Bill was scheduled to complete its report stage in the House of Lords on January 13 before being reintroduced to the House of Commons (C&D January 11, p6). However, both the British Medical Association and the Opposition are against clauses in the Bill which would allow commercial organisations, including pharmaceutical companies and hospital trusts, to employ GPs.

This Bill is being pushed through parliament with unseemly haste, yet includes provisions that could undermine the whole ethos of the NHS. This is privatisation by the back door that would not only allow commercial companies to dictate the quality of care but must inevitably compromise the GP in the delivering of that care.

The Bill appears to be innocuous, merely enabling change for the future, but I agree with the BMA that it

should be opposed and amendments tabled to remove the possibility of commercial involvement. I also have no doubt that the Government will deny the existence of any hidden agenda and will force it through at full speed.

The existence of a National Health Service equally available to all is once again under threat. The BMA has made its position clear. This time it deserves the unequivocal support of the whole pharmaceutical profession.

More Drug Tariff logic

The December edition of 'PSNC News' explained the rationale of broken bulk, but indicates that as usage of a particular drug increases then invariably, when two or more prescriptions are dispensed in any one month, broken bulk claims will be disallowed.

This may be administratively convenient, but it is unfair on those pharmacies left with small quantities of unusable tablets. This particularly applies to new drugs introduced in non-calendar patient packs. A recent example is Mobic, which is presented as packs of 30 but for which I initially received scripts for 28 tablets.

I was originally paid broken bulk, but now prescription numbers have climbed beyond two per month and dispensing has stabilised to units of 30. The extra few 'snipped' tablets I have left will never be used, but equally I will never be able to claim back their cost.

If manufacturers are unable to introduce new drugs in calendar patient packs, then pharmacists should be allowed to claim in perpetuity for broken bulk.

Pharmacists and GPs, where is the guidance from your elected bodies?

PRS is suffering from having created its own rules, and then finding that a wide variety of individuals and corporate bodies have different points of view.

Are we to see other players enter the market with their own sets of rules and then flounder due to a lack of guidelines? That is certainly a risk and one that is inevitable unless someone takes an initiative to develop acceptable framework.

As ever, the industry finds itself powerless to take the initiative, since any commercial player will always be accused of self-interest. This is a matter that requires political or representative bodies to make a move.

The move required is not to find a solution: commercial operators are better placed to do that. What is required are the guidelines within which commercial initiatives can provide acceptable solutions.

This column is contributed by a senior industry manager.

SCRIPTspecials

Two in one hepatitis protection with Twinrix

Holiday jabs have been made simpler thanks to Twinrix Adult, the world's first combined hepatitis A and B vaccine from Smithkline Beecham.

The new vaccine for adults and children over 16 is as effective as using SB's Havrix and Energix B singly, but means fewer injections, resulting in more convenient administration.

Twinrix Adult comes in a 1ml pre-filled syringe consisting of inactivated hepatitis A (720 ELISA units) and rDNA hepatitis B (20mcg). The dose is three 1ml intramuscular injections into the arm: the first at the elected date, the second one month later and the third six months after the first dose.

Administration with single vaccines would involve up to six injections.

The three-dose schedule provides ten years' protection against hepatitis A and five years



against hepatitis B. The latter can be boosted at five years with Energix B.

As well as being well tolerated, Twinrix Adult is highly immunogenic, with protection developing within two to four weeks. In clinical studies, specific antibodies to hepatitis A were observed in 94 per cent of adults one

month after the first dose and in 100 per cent one month after the third dose. Antibodies to hepatitis B were observed in 70 per cent of adults after the first dose and 99 per cent after the third.

Twinrix Adult has an NHS price of \$27.14 for one 1ml pre-filled syringe, and \$271.40 for a pack of ten.

Hepatitis A and B are the most frequently occurring immunisable diseases among travellers and are respectively up to 66 times and eight times more common than typhoid.

People travelling to endemic areas are at risk, particularly if they have daily physical contact with local populations, require medical or dental treatment, or have existing chronic illnesses. **Smithkline Beecham Pharmaceuticals. Tel: 01707 325111.**

Coloplast drainables

Coloplast is discontinuing the pre-cut sizes within the Assura Mini Drainable one-piece open bag range from March. The products affected are coded 2404, 2405, 2406 and 2407. Returns for full credit will be accepted after March 1.

Coloplast Ltd. Tel: 01733 392000.

Osmolite and Jevity

Tube feeds Osmolite and Jevity are now available in 1,500ml ready to hang containers (priced £49.14 and £55.80 respectively for six bottles), giving a complete day's nutritional requirement. **Abbott. Tel: 01628 644163.**

Naropin - anaesthesia without loss of mobility

Naropin (ropivacaine) is a new selective local anaesthetic from Astra which blocks pain without inhibiting mobility.

This makes it of particular benefit in childbirth, where active participation by the mother is required.

It is indicated for epidural or perineural injection and epidural infusion in surgical anaesthesia. It can also be used in acute pain management, such as post-operative and non-surgical pain.

Ropivacaine, the first local anaesthetic to be launched in 15 years, is a long-acting amide-type anaesthetic with a greater affinity

for sensory rather than motor neurones compared to bupivacaine. The drug is also less toxic to the cardiovascular and central nervous systems, which makes it safer to use in higher doses than bupivacaine.

Naropin is available in 2mg/ml infusion bags (5 x 100ml \$43.10, 5 x 200ml \$75.65) for epidural administration and plastic ampoules in three strengths 2mg/ml, 7.5mg/ml and 10mg/ml (10 x 10ml \$14.30, \$27.74 and \$33.55 respectively) for perineural and epidural administration.

Astra Pharmaceuticals Ltd. Tel: 01923 266191.

Nutricia additions

From February, Nutricia will be adding the following to its portfolio, all available on prescription (ACBS): Glutafin part-baked rolls (four, £2.59), Glutafin pizza bases (2 x 100g, £3.30) and Glutafin multi-grain fibre loaf, sliced and unsliced (400g, £2.59). Glutafin wheat-free white loaf will be renamed Glutafin multigrain loaf.

Nutricia Dietary Products. Tel: 01225 711801.

Warticon goes blue

Warticon and Warticon Fem now contain a blue dye to make it easier for people to see where they are applying the solution. Warticon Cream is not affected. **Perstorp Pharma. Tel: 01256 477868.**

New Nasobec Aqueous

Baker Norton has launched Nasobec Aqueous, a generic beclomethasone aqueous nasal spray. The CFC-free pump action bottle contains 200 doses of 50mcg and has a price of £4.01. **Baker Norton. Tel: 01279 426666.**

Ranbaxy cefaclor

Ranbaxy (UK) has introduced generic cefaclor in 250mg capsules (21, NHS price £9.10), 500mg capsules (50, £43.42), 125mg/5ml suspension (reconstitutes to 100ml, £4.13) and 250mg/5ml suspension (100ml, £8.26). **Ranbaxy (UK). Tel: 0171 495 5511.**

Isogel is back

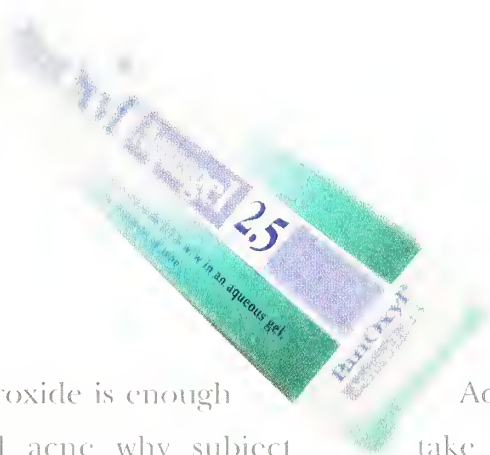
Isogel 150g is back in stock following a brief absence over Christmas and New Year. **Pfizer Consumer Healthcare. Tel: 01420 84801**

A new era in multisource pharmaceutical products...

Huntercombe Lane South, Taplow, Maidenhead, Berks. SL6 0PH
Telephone: 01628 604377 Facsimile: 01628 669756

Wyeth

Spots can't take it, but young skin can.



If 2.5% benzoyl peroxide is enough to deal with mild acne why subject sensitive young skin to twice or four times that amount? The message is getting through. GPs and dermatologists more and more are prescribing the PanOxyl

Aquagel 2.5 formulation. You can take appropriate action by making PanOxyl Aquagel 2.5 the first benzoyl peroxide you think of.¹

PanOxyl® Aquagel 2.5
Appropriate action against mild acne

In a clinical test, the incidence of irritation was less with PanOxyl Aquagel 2.5% than with the two leading 5 and 10% formulations (Data on File, Stiefel Laboratories Limited, 1996).

Product Information. Presentation: PanOxyl Aquagel 2.5 is an aqueous gel containing benzoyl peroxide 2.5% w/w. Uses: For the treatment of mild to moderate acne. **Dosage and Administration:** The gel should always be applied to the affected areas once daily. Washing with soap and water prior to application enhances the efficacy of the preparation. **Contraindications:** Patients with a known sensitivity to benzoyl peroxide should not use the product. **Caution:** Avoid contact with the mouth, eyes and other mucous membranes. **Side Effects:** If excessive irritation, redness or peeling occurs, stop using the product and consult a doctor. **Legal Category:** P. **Retail Price:** 40g £3.10. **Product Licence Number:** PL0174/0049. **Product Licence Holder:** Stiefel Laboratories (UK) Ltd, Hollispi Lane, Woolbourn Green, High Wycombe, Bucks, HP10 9AU. **Date of Information:** October 1996.



STIEFEL

COUNTERpoints

No-nonsense sun care launch

Ceuta Healthcare has launched a value for money sun care range called No-Ad (not advertised).

Ranging from SPF 4 to SPF 30, the products all retail at \$5.99 (250ml) or \$9.99 (500ml).

The range includes aloe vera gel for relieving sunburn, tan preserver and skin moisturiser and sunless tanning gel and lotion.

The products come in



bright, bold packaging with large SPF numbers

to enable easy identification when buying, and also for on the beach.

The No-Ad name also stands for 'no addiction', as 5 per cent of the brand's profits will be donated to charities which support drug and alcohol addiction prevention projects in schools.

Ceuta Healthcare Ltd.

Tel: 01202 780558.

Eucerin brings urea to skin care

Beiersdorf UK, which brought you Nivea and Atrixio, has now introduced a new urea-based dermatological skin care range.

Eucerin, which is already available in Europe and the US, has been formulated with urea – the skin's own natural moisturiser – to relieve dry, itchy skin conditions.

The range comprises Eucerin Urea Lotion 3 per cent (250ml, \$6.89), Eucerin Urea Cream 5 per cent (75ml, \$5.99), Eucerin Urea Lotion 10 per cent (250ml, \$7.89) and Eucerin Shower Therapy (150ml, \$6.69). All carry a GSL licence.

Although Eucerin Shower Therapy contains no urea, it is formulated with natural oils and lipids, and is recommended for use before applying Eucerin cream or lotion. The higher 10 per cent urea lotion is for 'extremely' dry skin.

Although Beiersdorf UK will be responsible for marketing Eucerin, distribution will be handled by Dendron to whom all trade enquiries should be directed.

Dendron Ltd.
Tel: 01923 229251.

Sunshimmer's special spring offer

Coty is supporting Sunshimmer, its self-tanning brand, with a series of trade promotions throughout the year.

The first will begin in March and include a pre-launch pack complete with trade presenter and the special offer of up to £1 off all Sunshimmer lines.

This will be followed up in June with a gift with purchase offer – consumers will be given a free Rimmel mascara (worth £2.99) with any Sunshimmer purchase. Additional promotions are planned, tailored to late summer and autumn/winter.

Coty (UK) Ltd.
Tel: 01734 302302.

Max Factor turns up the temperature

The spring/summer collection of cosmetic colours from Max Factor will be available from April 16.

Heat is a range of fiery shades. The collection leader, called Heat, is a burnt orange shade; Envy is bottle green; Passion is violet; and Raging Ruby is ruby red.

Procter & Gamble (Cosmetics & Fragrances) Ltd.
Tel: 01932 896000.

Wella hair colorant is shades better

Wella has revamped its temporary hair colorant, Shaders and Toners, and introduced ten new fashion shades.

Improved formulations are designed to provide better colour, condition and shine. The range is

Taking a bet on Gillette Sensor Excel

Gillette is challenging users of disposable razors and the lower performance systems to trade up to the Gillette Sensor Excel.

A price promotion and \$1.5 million campaign during January and February has the theme: 'One shave and we bet you won't go back to disposables'. National TV advertising, running for three weeks from January 24, targets 16-34-year-old men. This will be followed on

February 3 by two weeks' national radio advertising featuring a former non-user of Sensor Excel who travels the country trying to persuade others to change. The radio ads, first run in last November and December, advise listeners to look out

for offers in-store.

In February, coinciding with the run-up to Valentine's Day, special trial packs (\$1.49) will be on offer for a limited period. The pack includes a \$1.50 coupon off the next purchase of Sensor Excel cartridges.

A promotional package for pharmacies is available through wholesalers with a POR of 20 per cent.

Gillette UK Ltd.
Tel: 0181 560 1234.



For lips with lasting appeal

Revlon International has launched Amazing Stay-On Lipcolour by Almay (£5.95). It is designed to set to a matte, transfer-resistant finish in two minutes and contains antioxidant vitamins and aloe vera. It is hypo-allergenic and fragrance-free.

Revlon International Corp.
Tel: 0171 629 7400.

Crowning glory for L'Oréal

The latest technological advance from L'Oréal is Ceramide-R, which has been developed to duplicate ceramide – the hair's natural hair strengthener.

Designed for fine, thin or fragile hair which is prone to damage, Ceramide-R helps by strengthening and adding volume to styles. According to the company's scientists, the product penetrates each hair shaft to rebuild its strength from within.

The company has introduced the ingredient in its new Elvive Ceramide-R range. This includes revitalising shampoo, thickening conditioner, daily strengthening concentrate and hair builder – an intensive conditioning serum for once- or twice-weekly usage.

Retail prices range from \$1.99 for Revitalising Shampoo (200ml) to \$5.99 for Hair Builder.

L'Oréal (UK) Ltd.
Tel: 0171 937 5454.



NEW GAVISCON ADVANCE

Make the most of the big change to the
No. 1 OTC heartburn brand!

FAST • STRONG • LONG LASTING

GAVISCON ADVANCE



*Effective Relief
from Heartburn
and Acid
Indigestion*



Reckitt & Colman

IMPROVED FORMULA

GAVISCON ADVANCE

sodium alginate BP, potassium bicarbonate USP

Advanced formula for heartburn

New Gaviscon Advance gives effective relief in 84% of sufferers¹ by providing a stronger, longer-lasting barrier to the pain of heartburn than Liquid Gaviscon².

It has been designed to help you get even more out of the profitable heartburn market, and with Gaviscon sales growing by 12% last year it's an opportunity not to be missed.

New Gaviscon Advance is available as a pharmacy-only product in 140ml (OTC) and 500ml (NHS dispensing) sizes.

And with a £2.5 million National TV spend, you won't be short of customers!

Gaviscon Advance Essential Information
Gaviscon Advance Active Ingredients: Sodium alginate BP 1000mg and potassium bicarbonate USP 200mg per 10ml dose. **Indications:** Gastric reflux, reflux oesophagitis, heartburn including heartburn of pregnancy, hiatus hernia, flatulence associated with gastric reflux. All cases of epigastric and retrosternal distress where the underlying cause is gastric reflux. **Dosage instructions:**

Adults and children over 12: 5-10ml after meals and at bedtime. Children under 12: Only on medical advice. **Contra-indications:** Hypersensitivity to any of the ingredients. **Precautions and warnings:** 10ml liquid contains 4.6mmol (106mg) sodium and 2.0mmol (78mg) potassium. **Side-effects:** Very rare hypersensitivity reactions. **Retail price:** 140ml £3.90. **Marketing Authorisation:** 0063/0097. **Supply Classification:**

Pharmacy Medicinal Product. **Holder of Marketing Authorisation:** Reckitt & Colman Products Limited, Dansom Lane, Hull HU8 7DS. Gaviscon Advance and the sword and circle symbol are trademarks. Date of preparation: 18 December 1996. **References:** 1,2. Data on file, Reckitt & Colman Products Limited.



Reckitt & Colman Products Limited

New whitening gum to chew over



New to the UK is Yotuel Whitening Chewing Gum from Biocosmetics Oral Health.

Formulated to help reduce the incidence of dental caries, the gum contains xylitol – a natural carbohydrate sweetener.

According to the manufacturer, tests have shown that a reduction in caries ranging from 30 to more than 85 per cent can be achieved by daily using a few sticks of xylitol gum over one to three years.

Yotuel also features an enzymatic cleaning system. Retail price is £1.25 for a pack of ten. Tryline International Ltd. Tel: 01276 66668.

Right timing for Casio watches

Casio has launched a range of low-priced watches and clocks specifically for the pharmacy and grocery sectors.

The move comes as research from Verdict points to the need for chemists and grocers to complement rather than compete with multiples.

With prices from \$6.99 to \$18.99, the range comprises five watches and three travel clocks. Casio Electronic Co Ltd. Tel: 0181 450 9131.

Pharmacies to get the Natural Touch for medicines

Natural Touch is making its 24 most widely-used licensed homoeopathic medicines available to pharmacies. Previously, the company's long-established products have only been available to homoeopathic practitioners.

The company believes it is the first UK licensed range to contain more than one ingredient and be formulated for specific diseases. The headache remedy, for

Nutri-box replaces Cow & Gate tins

Cow & Gate is introducing a new packaging system for its infant milks from the end of March to replace the current 900g tins.

The plastic Nutri-box, decorated with the Cow & Gate teddy bear, contains a 450g foil pack of infant formula, a scoop, a powder leveller and a resealing clip. The box has an airtight lid, which features instructions on the underside.

The box is reusable. Parents can buy refill packs containing two 450g packs of infant milk plus scoop. All refills will fit the Nutri-box.



C&G says that Nutri-boxes guarantee greater freshness because the packs are half the size of the original 900g tins. The Nutri-box system is easier to carry, store and stack than the tins.

Introducing the Nutri-box system has not affected the formulation of any of the Cow & Gate infant milks, which remain the same.

The launch will be supported by a \$1.5 million advertising campaign featuring spots in parenting and general women's interest magazines, together with POS material and literature.

Pharmacists can obtain point of sale material from either their C&G rep or their wholesaler.

The Nutri-box has a recommended retail price of \$3.49, with each refill pack, containing two 450g packs, retailing at \$5.99.

Cow & Gate Ltd
Tel: 01225 768381.

Karvol tunes in to the crying game

Back on TV screens during January/February is the Karvol 'Crying Child' advertisement, which increased sales by 25 per cent in pharmacy last year (Millward Brown International). Crookes Healthcare is spending \$300,000 on the campaign.

In a new approach to targeting parents, the company has selected the quiet night-time hours of midnight until 6.00am to run the commercial. This acknowledges that mums and dads often tune in to the TV

when feeding and looking after their sleepless baby at night.

Added support for Karvol includes direct work with primary healthcare professionals, a sleep management service campaign for health visitors and parents, and sampling and promotions.

Crookes Healthcare Ltd.
Tel: 0115 953 9922.



Zantac 75 in new pack sizes

Warner-Lambert Consumer Healthcare is introducing new pack sizes of six and 12 tablets for Zantac 75. Available from January 22, the new packs will retail at the same prices as the five- and ten-tablet packs they are replacing (\$1.99 and \$3.89 respectively).

To accelerate the phasing out of the old sizes, retail prices for the five- and ten-tablet packs will be reduced to \$1.79 and \$3.49 respectively from January 22.

Warner-Lambert Consumer Healthcare.
Tel: 01703 641400.

Centrum's fighting fit

Whitehall Laboratories is supporting Centrum, its one a day multimineral, multivitamin supplement, with a new television advertising campaign.

The post-Christmas ads are designed to target people who are looking to reassess their diet and health after the holiday.

The product (in tubs of 30 and 60, £3.89 and £6.95 respectively) is suitable for coeliac sufferers and is gluten-, sugar- and lactose-free.

Whitehall Laboratories Ltd.
Tel: 01628 669011.

A little bit of Foresight does you good

Larkhall Green Farm is relaunching its Foresight range of vitamins and mineral supplements with new packaging.

The move coincides with a nationwide appeal by the charity Foresight to fund the UK's first Institute for Pre-Conceptual Care. Larkhall will donate \$0.05 to the new appeal from each Foresight vitamin and mineral supplement pack sold.

The range provides specific nutrients for the health of a developing child and is designed to be taken by both partners before conception and by the woman during pregnancy and while breastfeeding.

Support for the range will focus on educational activity and POS material, including leaflets. Larkhall Green Farm.
Tel: 0181 874 1130.

More for your money with Bodyform towels

On-shelf from the end of January, new packs of Bodyform Standard towels will offer added value for customers.

Retailing at around £1.89, the Extra Fill packs contain 24 regular towels for the price of 18 and 20 super for the price of 16.

Bodyform Standard has been relaunched to offer higher performance thick, non-winged towels with improved leakage prevention, absorption, discretion and comfort. ● The thick, non-winged sector now accounts for around 45 per cent of the towels market. Investment in new technology has already driven up premium brands' shares. Sancellia. Tel: 01622 883000.





Nurofen Cold & Flu provides your customers with fast and effective relief from a wide range of symptoms, with the reassurance of the Nurofen name.

It's ibuprofen's anti-inflammatory, analgesic and anti-pyretic action, combined with pseudoephedrine's decongestant efficacy, which makes Nurofen Cold & Flu so effective.

With such advanced active ingredients, it's no wonder that Nurofen Cold & Flu has been shown to provide more effective overall relief than a leading paracetamol-based combination.¹

So when your customers need to escape from multiple symptom misery, there's only one recommendation you need to make – Nurofen Cold & Flu.

NUROFEN COLD & FLU

*ibuprofen
pseudoephedrine*



ADVANCED MULTI-SYMPTOM RELIEF

PRODUCT INFORMATION - Nurofen Cold & Flu: each tablet contains 200mg Ibuprofen BP and 30mg Pseudoephedrine Hydrochloride. **Indications:** Effective in the relief of symptoms of colds and flu with congestion, such as runny nose, blocked nose, fever, aches and pains, headache and feverishness, sore throats, sinusitis and blocked noses. **Dosage and Administration:** Adults and children over 12 years: Initial dose 2 tablets taken with water, then if necessary 1 or 2 tablets every 4 hours. Do not exceed 6 tablets in any 24 hours. **Precautions and Warnings:** Nurofen Cold & Flu should be avoided by patients with a stomach ulcer or other stomach disorder. Asthmatics, anyone allergic to aspirin, anyone receiving regular medication and pregnant women should be advised to consult their doctor before taking Nurofen Cold & Flu. Not recommended for children under 12. If symptoms persist for more than 3 days patients should consult their doctor. **Product Licence Number:** Nurofen Cold & Flu 0327/0060. **Licence Holder:** Crookes Healthcare Limited, Nottingham, NG2 3AA. **Legal Category:** P. **Price:** £2.39 for 12, £3.79 for 24, £4.99 for 36. Prices correct at the time of going to press. **References:** 1. Data on file, Crookes Healthcare, Research Report No. M90122. Date of preparation October 1996.



CROOKES HEALTHCARE

The Strongest Pulling Power? You can bet it's Nicorette.

nicotine gum 2 mg

Here's yet another reason to stock the strongest range in NRT. Use the power of advertising to promote your pharmacy with Nicorette's offer of the chance to win 1 month's FREE local newspaper advertising. To receive your free 'Test Your Strength Competition' entry form*, complete the coupon below.

Contains nicotine

* Competition closing date 18th February 1997

NICORETTE®

Return this coupon to our Freepost address: Dept. Nicorette2, FREEPOST G1 1926, Godalming, Surrey GU7 1BR.



Pharmacia & Upjohn

CLIP HERE

Name of Pharmacist _____

Pharmacy Address _____

Telephone no. _____

Fax No. _____

NRT products stocked: Tick all that are applicable

Nicorette Gum ☐ Nicorette Patch ☐ Other gum ☐
Other patch (specify brands) _____

Other NRT (specify brands) _____

Regaine ☐

Colpermin ☐

Please tick the box if you do not wish to receive any further information or be contacted by us or other companies ☐
Only one application per pharmacy.

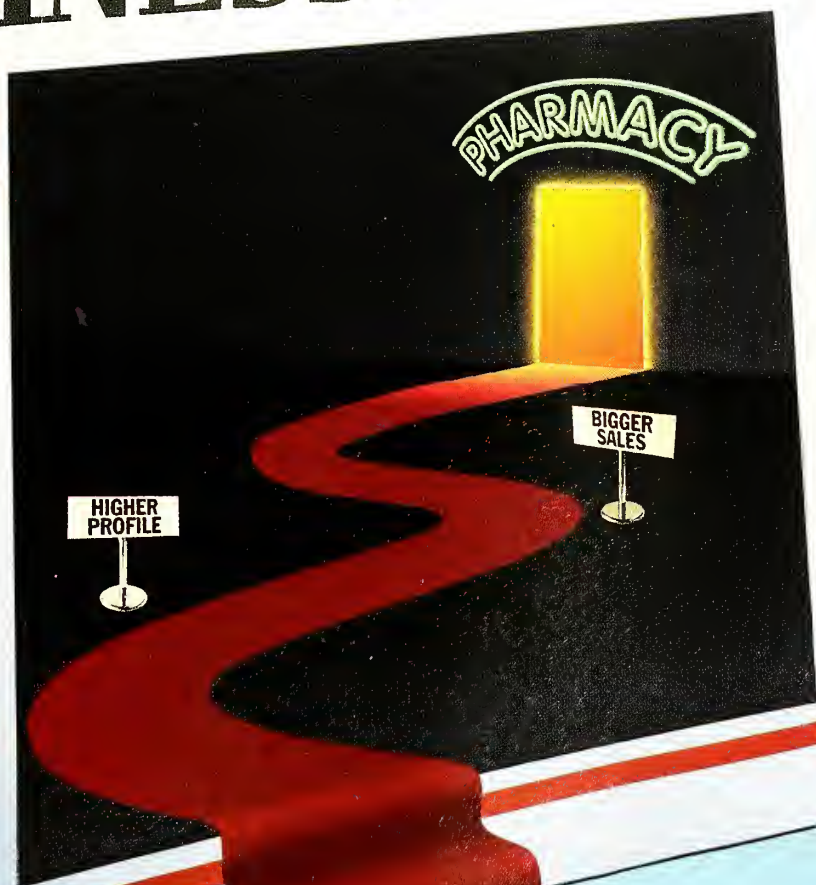
HOW WILL FREE ADVERTISING AFFECT YOUR BUSINESS?

PHARMACY EXCLUSIVE

TEST NEWS
PHARMACY MARKET,
Pharmacia and
the manufacturers
NICOTETTE, are
community
an excellent
opportunity.
credible offer is
available to

market leaders are
pharmacies the chance
months FREE local
advertising.
winners will have a
specifically created by a
advertising agency.
will focus on the
pharmacy's strengths.
to attract more
use their local
primary source of
advice. And the
could result in a
increase in profits for the

Turn to Page 2, Col. 1



**MORE
CUSTOMERS**



Information: Presentation: Nicorette Gum contains 2 mg of nicotine in a chewing gum base. **Indication:** An aid to smoking cessation. **Dosage and Administration:** Each piece should be chewed slowly for 30 minutes. After 3 months ad libitum dosage, Nicorette should be gradually withdrawn. Maximum recommended daily dose: 15 x 2 mg pieces. Not suitable for children. **Precautions:** Peptic ulcer, angina, coronary disease. **Contra-indications:** Pregnancy. **Adverse effects:** Occasional hiccups, indigestion, hypersalivation, throat irritation, allergy. **Package Quantities:** Boxes of 15 pieces, 30 pieces and 105 pieces, in blister strips of 15 pieces. £1.49 (15), £2.98 (30), £5.95 (105) (trade price correct at time of printing). **Legal Status:** [P], PL No: 0022/0101: held by Pharmacia Labs. Ltd., Milton Keynes, MK5 8PH.

New toothbrush is child's play



Flexosaurus is the latest addition to the Aqua-fresh Flex toothbrush range from Smithkline Beecham.

Especially for two- to six-year-olds, the brush (£1.89) features a handle shaped like a dinosaur's body with a rubberised grip. The packaging also features colourful dinosaur characters.

The product is designed to provide 'fun' and 'training', which have both been identified as key factors for parents choosing toothbrushes for children.

Smithkline Beecham Consumer Healthcare.
Tel: 0181 560 5151.

ON TV NEXT WEEK

Aqua-fresh Whitening: U

Advil: C4, B SkyB

Beechams Powders: All areas except U

Belle Colour: All areas

Benylin Cough: All areas

Benylin Four Flu: All areas

Buttercup: B, G, T, B SkyB, TT, C4, GMTV

Canesten: LWT, CAR

Colgate Total toothpaste: All areas

Day & Night Nurse: All areas

Diffucan One: LWT, CAR

Head & Shoulders: All areas

Just for Men: All areas

Locketts: All areas

Macleans Whitening: U

Meltus: STV, B, G, Y, C, CAR, GMTV

Mu-Cron: U, B, G, Y, C, M, CAR, TT, GMTV

Nizoral: All areas except Y, CTV, CAR, TT, GMTV

Nurofen Cold & Flu: All areas

Nytol: All areas

Oxy Sensitive: All areas except U

Panadol Extra: U

Panadol Night: All areas

Pantene: All areas except GMTV

Setlers Wind-Eze: All areas

Seven Seas Cod Liver Oil: C4

Solpaflex: All areas except U

Strepsils Dual Action: All areas

TCP: All areas

Wash & Go: All areas

GTV Grampian, **B** Border, **BSkyB** British Sky Broadcasting, **C** Central, **CTV** Channel Islands, **LWT** London Weekend, **C4** Channel 4, **U** Ulster, **G** Granada, **A** Anglia, **CAR** Carlton, **GMTV** Breakfast Television, **STV** Scotland (central), **Y** Yorkshire, **HTV** Wales & West, **M** Meridian, **TT** Tyne Tees, **W** Westcountry

National press ads first for Numark

Numark is launching its first-ever national press advertising campaign, which is set to raise the profile of its independent pharmacy network.

The campaign kicks off with a full-page colour advertisement in the *Daily Mail's You* magazine on January 26.

It features a powerful 'local hero' theme that positions independent pharmacy as the trusted first port of call for family healthcare advice.

The new drive is aimed at regular pharmacy users, such as housewives with young children and the elderly.

Advertising will appear in national press, key regional newspapers in Scotland and Northern Ireland, and a selection of targeted women's and family magazines.

Numark Ltd.
Tel: 01827 69269.

Saving a small fortune

Unichem customers can benefit from discounts of up to 30 per cent on own-brand baby care products when ordering ten cases or more until the end of January. Customers are also entered into a free prize draw.

Unichem plc.
Tel: 0181 391 2323.

Slow motion

Redoxon Slow Release is on TV until mid-February. The commercial highlights the product's slow release technology. This £2 million campaign will be backed up by press advertising. Direct mail and trade promotions are also planned throughout 1997.

Roche Consumer Health.
Tel: 01707 366000.

Spot check

Ketsugo anti-acne spray is the winner of the 'best new product' in London's 'Capital Woman' 1997 Beauty Awards. Based on the shark bile that Japanese fishermen used to put on their skin, Ketsugo (£12.50) is formulated to treat oily and combination skin, and outbreaks of spots and blemishes.

Australian Bodycare.
Tel: 01892 525599.

In the pink

Pink is hot fashion news on the catwalks, so Collection 2000 has created 'La Vie Rose' for spring. The new range focuses on pink shades for eyes, lips, cheeks and nails.

Collection 2000 Ltd.
Tel: 01695 50078.

LEMSIP POWER+ Active ingredients: Ibuprofen 400mg and Pseudoephedrine HCl 60mg

Essential Information

Ingredients: Each sachet contains ibuprofen Ph. Eur. 400mg and pseudoephedrine HCl BP 60mg in a base containing aspartame and sodium saccharin. Each sachet contains 1.6g sugar. **Indications:** Flu and heavy colds. **Dosage and directions:** Adults and children 12 and over: one sachet dissolved in hot not boiling water. One sachet every 4 hours. No more than 3 sachets in 24 hours. Children under 12 not recommended. **Contraindications, warnings etc:** Ibuprofen should be avoided in patients with a stomach ulcer or other stomach disorder. LEMSIP POWER+ is not recommended in patients who are taking or have recently taken MAOI drugs. Patients with phenylketonuria should not take this product. Patients receiving regular medication, asthmatics, diabetics, anyone allergic to aspirin or other NSAIDs, pregnant women and anyone who has been told to keep to a low salt diet should consult their doctor before taking this medicine. Pseudoephedrine may interact with antihypertensives and other sympathomimetics. Use with caution in glaucoma. It should not be used by patients suffering from severe coronary heart disease, hypertension or who are allergic to pseudoephedrine. In pregnancy, use only on doctor's advice. In certain people, reactions such as dry mouth or restlessness may occur. **RSP price:** 10 sachets £4.19.

Marketing Authorisation: 63-0082. **Holder of Marketing Authorisation:** Reckitt & Colman Products Limited, Dansom Lane, Hull, HU8 7DS. **Legal status:** P. **Date of preparation:** September 1996.

Reference

1. Data on file, Reckitt & Colman Products Limited
LEMSIP POWER+, LEMSIP and Ⓢ are trademarks.

Ⓢ Reckitt & Colman Products Limited

**Fast acting relief
for severe colds and flu**



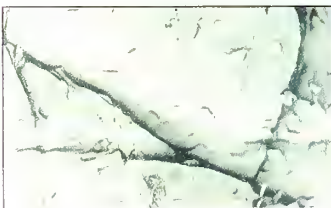
**Power in
a hot drink**

Anybody can suffer from the discomfort of dry skin ...

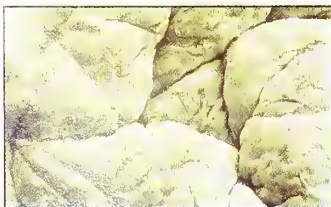
the new Eucerin range offers a real solution

Skin is the largest organ in your body, covering between one and a half and two square metres, and comprises some 10 per cent of the body's weight. It is a watertight layer which protects against harmful substances, serves as a temperature regulator, allows us to touch and feel, and helps eliminate waste products. It acts as a protective layer made up of horny, keratinised cells, lipids and moisture-binding substances, such as urea. The condition of your skin is determined by the elasticity of this hydrolipid film. If these factors are removed, the skin becomes rough, dry and cracked.

One in five of the UK population is reported to suffer from dry skin. It can be caused by a number of factors, including temperature extremes, central heating, age, pollution, UV rays, and soaps and cleansers. Regular application of emollients prevents and manages dry skin conditions and can maintain the delicate pH balance.



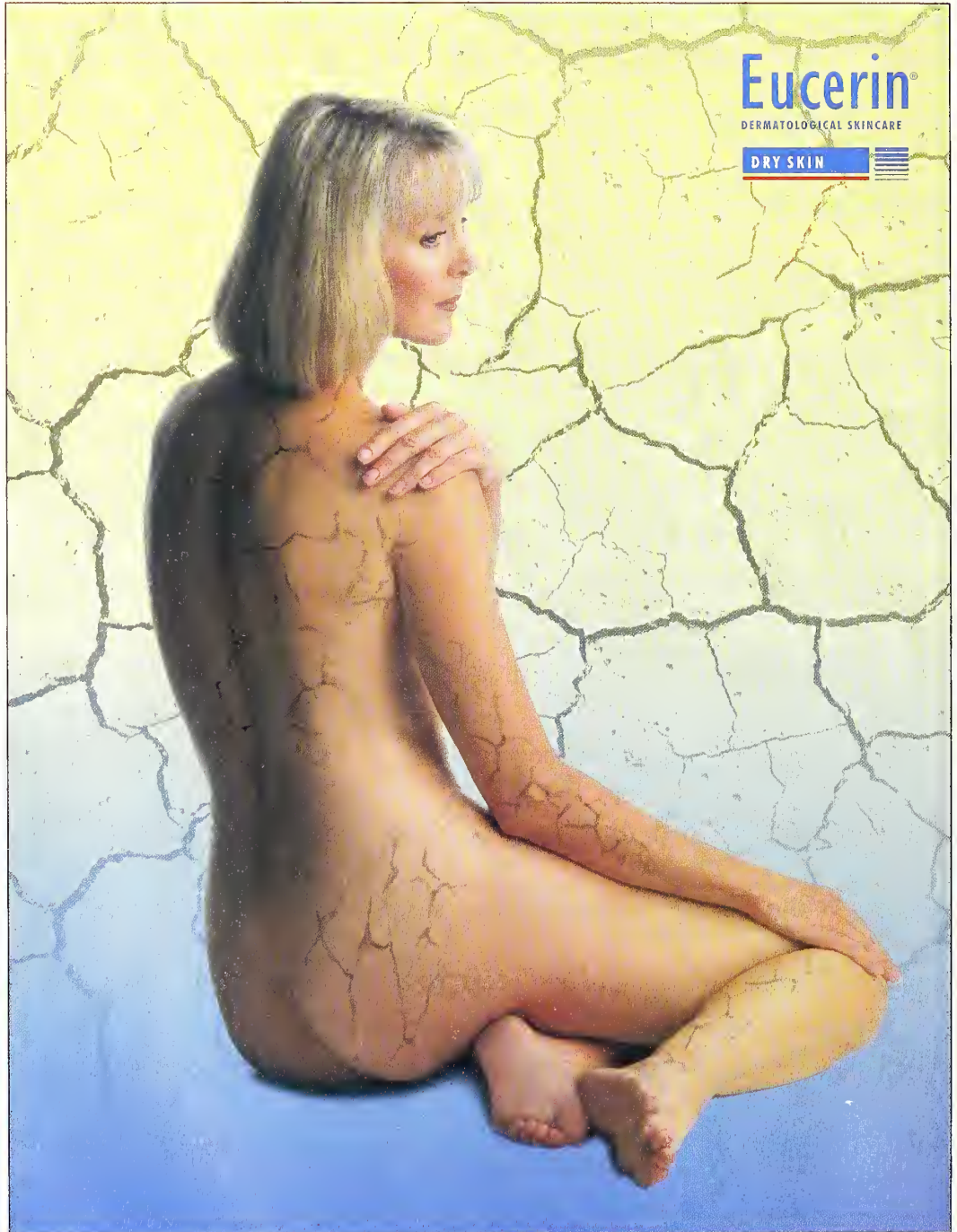
Dry skin – magnified x 200



Healthy skin – magnified x 200

How can emollients help?

Emollients are mixtures of oils and fats in water, which can be used to help prevent and manage dry skin, mild eczema and other skin conditions, such as psoriasis and ageing skin. They should be applied regularly, particularly after a bath when the skin is still moist.



Eucerin uses natural moisturiser

Eucerin is a new range of skin care emollients from Beiersdorf, the maker of Nivea and Atrixo – it is already the number one dermatologist-recommended brand in the US¹, and is well established

in European markets. The Eucerin range offers a real solution for problem dry and extremely dry skin and is available over the counter to suit the individual sufferer. It contains a natural moisturiser found in healthy skin – urea.

Urea – a natural moisturiser

● urea plays an important role in maintaining the moisture balance of the epidermis. It is a key constituent of the Natural Moisturising Factor (NMF) of the skin, which is mainly



(Above) The Eucerin range of skin care emollients from Beiersdorf. (Below) Eucerin Shower Therapy contains natural oils and lipids

responsible for maintaining skin's suppleness

- urea has been extensively used in dermatological therapy
- many emollients simply act by occluding the water-loss from the outer layer of skin. Topical application of urea actually binds water into the skin, effectively improving levels of skin hydration
- it helps encourage skin renewal from the layers below the epidermis
- skin conditions such as psoriasis, atopic dermatitis and ageing skin diseases reduce the content of urea, which can make the skin more prone to irritation.

Who can benefit from Eucerin?

The unique Eucerin skin care range can be used for a range of dry and extremely dry skin conditions to soften and soothe dry, rough skin. Eucerin is formulated to minimise the risk of allergic reaction and irritation.

The Eucerin range is suitable for:

- the relief of dry skin
- protection against dry skin conditions
- dry skin care in the elderly.

Eucerin is a new dimension in caring for all types of dry and extremely dry skin.

All Eucerin products contain neither fragrance nor colouring agents and they have all been dermatologically tested.

● Eucerin dry skin 10 per cent Urea Lotion

A light, easily-absorbed, non-greasy moisturising lotion formulated to increase suppleness and reduce moisture loss in extremely dry skin. Use all over the body to assist skin hydration and increase suppleness in the roughest, driest skin.

● Eucerin dry skin 3 per cent Urea Lotion

A light, easily-absorbed, non-greasy moisturising lotion which helps restore and maintain the skin's natural moisture balance. Apply to all areas of the body to protect chapped and dry skin.

● Eucerin dry skin 5 per cent Urea Cream

This gentle moisturising cream is formulated with added urea to provide longer-lasting action to help restore moisture levels. Use topically for specific body areas, such as hands, elbows, knees, etc.



Source: IMS Data (NDTI), 1996. For copies of consumer information leaflets and details of promotional trial sizes of the Eucerin range, contact Beiersdorf. Tel: 01908 211333.



● Eucerin dry skin Shower Therapy

While the protective layer of our skin is slightly acidic, ordinary soaps and shower gels are often alkaline. So it's hardly surprising that everyday washing can upset this delicate balance, leaving dry skin more vulnerable. This slightly foaming shower oil, containing natural oils and also lipids similar to those found naturally in the skin, improves skin hydration, and soothes and softens dry rough skin, which may be prone to itching. The oils in Eucerin Shower Therapy remain on the skin to provide an emollient effect to help restore the natural moisture balance. It also contains 65 per cent skin-related lipids to supplement the skin's own protective outer layer and help prevent further drying.

Community pharmacist Irene Gummerson, of Warrengate Pharmacy in Wakefield, Yorkshire, takes us through the ups and downs of undertaking a research project on diabetes

Pursuing the research role

I felt very privileged when my poster was accepted for the Glasgow BPC last year. I thought I might come across many other community pharmacists presenting posters, but there were only two out of the 42 accepted. Most were by academics or hospital departments.

Why are community pharmacists so under-represented? The answer is because most of us don't know where to start. But there is help available, and we can get advice and funding.

I had taken part in other pharmacists' research, but decided I wanted a project of my own, one that would result in my gaining in-depth knowledge on a specific subject, and be of benefit to my patients.

I attended a free course on questionnaire design, statistics and presentation. I also met Helen Liddell, who worked at the Leeds Academic Practice Unit and who is now a pharmaceutical adviser in Rotherham.

I wanted to give more help to my diabetic patients, but didn't know the extent of their knowledge. Here, then, were the seeds of my project.

I brushed up on my knowledge by attending Centre of Pharmacy Postgraduate Education workshops and using distance learning material. I read British Diabetic Association literature and sat in with a consultant and a GP at the diabetic clinic.

I liaised with the practice nurse, who enrolled me for the monthly 'Diabetes care' magazine. I saved all references on diabetes from journals and persuaded Helen to do a data search on diabetes for me.

I developed a questionnaire and discussed it with Helen. It was sent to local GPs and the diabetic consultant for comment, with information about the potential project, and then amended.

Covering the costs

I applied for a grant of £7,000 from the Pharmacy Practice Research Enterprise Scheme. It was for locum cover, consultancy fees and administrative costs such as stationery and telephone calls.

The bid was successful, with the proviso that I involved and collaborated with local GPs, and applied for Ethical Committee approval.

The project was approved on



condition each patient received an explanatory letter and gave me their signed approval.

I half expected a 'thumbs down' at each stage – but it was a heady yes, yes and another yes!

My objectives were to look at three fields: patients' knowledge about their diabetes, their practices in diabetic care, and their motivation to learn and change their behaviour.

On the case ...

Sixty diabetics were recruited, with those whose condition was controlled by diet excluded. I interviewed patients in their homes using a semi-structured questionnaire. Advice and information were given as appropriate, and the interview was repeated 12 months later.

I kept a notebook in the pharmacy with each patient's particular problem, such as smoking or obesity. During that 12 months' intervening period, when I saw them in the pharmacy I would ask how they were getting on with smoking cessation or diet, and I would give advice if appropriate. Changes in response between the first and second interviews were noted.

Of my 60 diabetics, 68 per cent were on oral hypoglycaemics, while 32 per cent injected insulin. Two-thirds were women, and ages ranged from eight to 85

years (median 61-70) – mine was an elderly population.

All knew the additional risks due to smoking, obesity, lack of exercise. Most knew the basic details of the current BDA recommendations on diet: low fat, low 'fast sugar', low salt, high fibre and high complex carbohydrate. But knowledge is not always practice.

Sixty-eight per cent of my patients were clinically 'obese' or 'overweight', but only 7 per cent were trying to lose weight. While 57 per cent said they wanted extra advice on diet, 93 per cent did not want a more restrictive diet.

Here I felt my role was to give leaflets on diet, offer 'stop-gap' advice if none had been given and refer them to their GP if there was a problem.

Pharmacists cannot directly refer patients to dietitians. Regular dedicated counselling time was probably needed to make an effective impact by a dietician, or at a diabetic clinic.

Among the sample, 28 per cent (17) smoked. Four stopped by the second interview and five had reduced the number smoked by the second interview.

Ninety per cent of patients I interviewed did not belong to the BDA or a diabetic club, and 32 per cent knew nothing about these institutions, but were not

interested in joining anyway. Although 10 per cent wanted more information about diabetes, they were not motivated enough to read a book or subscribe to a magazine on diabetes.

I found that leaflets on diabetes were not available from health promotion sources. Both myself and the local practice nurse had to write off to drug companies. Leaflets were available at the local diabetic centre.

By the time of the second interview, several changes in practice were discernible.

These changes were: a 10 per cent increase in attendance at health check appointments; a 10 per cent increase in compliance with BDA diet recommendations; a 23 per cent decrease in the number buying special diabetic food; a 17-40 per cent increase in 'correct' responses to 11 case scenarios; and a 40 per cent increase in recognition of symptoms of their own hypoglycaemia and hyperglycaemia.

A number of other points came out: patients and carers need to be occasionally reminded to check feet, and keep the health check appointments. Diabetics' feet are often compromised – with poor circulation and neuropathy, resulting in minor problems not being felt and developing into ulcers, which can take a long time to heal.

Concerns of patients

Many of the diabetics' concerns were easy to deal with. Any that I was unsure about were directed to the diabetic clinic or surgery. More often than not, all they want to know is whether their problem is serious enough to bother the doctor.

It is important to establish ourselves as an information source, right from the start. This applies even to diet-controlled diabetics, where we only see scripts for testing reagents.

In conclusion

So, yes, there is a role for community pharmacists in giving information and support to patients with diabetes. Poor patient motivation to change may be a barrier at times.

I need to develop some easy to use guidelines, and then evaluate them. If you are all fired up to have a go at research and would like to help me evaluate my guidelines on your patients, drop me a line.

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A black and white photograph of an elderly woman wearing a large hat and a tweed jacket, holding a small dog. The dog is barking with its mouth wide open, showing its teeth. The woman has a slightly annoyed or exasperated expression. The background shows a garden with a small white structure.

"Can I **tempt**
you with a
cheaper brand
Madam?"

Avoid the tender trap

Writing a tender is a bit like doing a school examination, says **Georgina Craig**, head of professional development at the National Pharmaceutical Association. It involves careful preparation, you need to know your subject and, above all, you must read the questions carefully!



In this new era of the purchaser-provider split, much of what is done by healthcare professionals today may be tendered for tomorrow. The entrepreneurial contractor already has some opportunities to contract for the provision of additional services, either in partnership with his pharmacy colleagues or other professional groups.

The most common place for invitations to tender to be published is the *Health Services Journal*, which is published on a weekly basis. This publication has a whole section devoted to tenders.

In addition, health authorities invite tenders for developmental projects locally and the recent 'extended roles' tender illustrates how the Department of Health may offer individuals and groups the opportunity to apply for funding.

People use the tendering process for a number of reasons. Most importantly, it gives purchasers the opportunity to 'test' the market and potential suppliers, to compare tenders within a structured framework and, ultimately, to obtain the best deal for their organisation.

In some cases, purchasers are legally bound to advertise services for tender. Such services are covered by the Public Services Contracts Regulations, 1993 (SI 1993 no 3228) and the Public Supply Contracts Regulations, 1995 (SI 1995 no 201).

Although health services are generally exempt from this, there may be instances when they would apply; for example, when tendering for the provision of pharmaceutical supplies to a hospital.

Only contracts that exceed a lower limit of \$108,000 must be published in this way.

Why should I tender?

It is important that community pharmacists are aware of the tendering process and that they become involved, where appropriate, for a number of reasons. Firstly, whether or not you are successful, the skills you learn as part of the tendering process will be of value to you. You might find you are being approached by general practitioners who want to provide new primary care services. Knowing how to put together a cohesive business case and understanding how to cost out a new service will be essential skills for ensuring that your ideas are not left on the shelf.

Often, when we put bids together from our department, they are not successful at first, but they open the right doors. Once the door is open, however, you have the opportunity to influence agendas and put pharmacy well and truly on the map.

Finally, you might just be successful and win the tender. This will give you a real buzz, make you some money and provide an opportunity to influence the way your profession develops.

First steps

First, you need to find out what funding is available. Many health

authorities do have some development monies, especially for primary care. Do not ask, "What funding is available for developing pharmaceutical services?" because the answer will invariably be "none".

Find out what is on the health authority's agenda and think about how pharmacy can help address these issues. Then ask the right questions: "Is there funding to look at ways of reducing coronary heart disease; providing seamless care; supporting care in the community?"

Do not forget that general practitioners are becoming increasingly important in deciding how primary care develops. They may have some funding themselves, or they may be interested to work with you in submitting a bid. In either case, it is important to see them as an ally and to consult with them.

Once you have identified funding, the first step you are likely to have to make is to register a note of interest. If the tender process is formal, the invitation to tender will be published in a journal with a deadline to note interest. At this stage of the proceedings, you write a short letter, giving a contact name and address for the person who will head up your bid within the deadline.

Your letter will be acknowledged and shortly after the deadline you will be sent a copy of the tender document. This is your

bible in the preparation of your bid.

Preparing the tender

When you receive the tender document, lock yourself away in a quiet place and read it thoroughly. This is where the similarity to doing a school examination really holds true. You must read the whole document carefully. It would be a disaster if you submitted a superb bid, only to find that community pharmacists were not eligible to apply; or you put together a great argument for funding for training when the funding was, in fact, for service development.

It sounds basic, but sometimes when you have your heart set on obtaining funding for a pet project, it is easy to overlook information which does not fit in with your agenda and to see things in a bid which are not there.

It is worth ringing up the funding body and chatting over your ideas with them. They will soon tell you if you are eligible to apply and if your ideas are along the right lines.

Make notes and highlight important parts of the document. Look out for the clues the purchaser is giving you with regard to what elements a successful tender will contain. Form a picture in your mind of what they are looking for. The challenge

Continued on P24 ►

◀ Continued from P23

that faces you now is to communicate how you can help them realise this vision and why you are the best person for the work.

Structuring the bid

Often, the tender document will contain a form or other relevant format which must be completed in a standardised way. Make sure you stick to the structure laid down by the documentation. This will make the bid easier for the appraiser to read.

You may be limited in terms of the length of your document – a maximum number of words or pages. In any case, it is important that you make the document as short and concise as possible. This will be time-consuming. Robert Louis Stevenson once wrote to a friend, "I do not have time to write you a short letter", and he was right. A five-page document will take twice as long to write as a ten-page one.

Plan to save time

You will almost certainly be working to a tight schedule to submit your bid. Three months is the most usual time frame and this will disappear rapidly. It is essential, therefore, that you have one person who takes on the management of the overall process and that all parties involved agree to hand over a certain degree of respon-

sibility to that person. If you spend all your time consulting over fine details, you may miss more important points, and the person co-ordinating the bid is likely to become frustrated with the democratic process. However, it is important that all parties involved have a chance to buy into the bid and this will be especially important should you be successful.

Your co-ordinator should, at an early stage, formulate an action plan, with timings and responsibilities for everyone involved. Each person needs to be given as much time as possible to prepare and all must commit to the deadlines set.

Consider the audience you are writing for when you put pen to paper. They may not be pharmacists or even healthcare professionals, so avoid jargon. If you choose to use it, make sure you include a glossary or an explanation of technical terms. If you can, find out who will be reviewing the bids and some background on their experience. This will help you pitch the bid in such a way that will capture their

imagination. Furthermore, use descriptive language and try to paint a picture for the purchaser. Bids can be terribly dull documents, but if the panel can see the service working in their minds' eyes, you will have a distinct advantage.

Give yourself a good two days to review the bid before its submission. This will give you time to proofread it, make any last-minute adjustments and check that you have included all relevant paperwork.

Ask an impartial colleague who has an understanding of the purchaser's agenda to read it for you. Seek feedback and ask for ways the document can be improved.

Finally, ask a number of representative organisations to review the bid. For example, LMC, Community Health Council, patient groups and Social Services. If there is no time beforehand, carry out this consultation process after the bid has been submitted. In any case, this is an ideal way of forming closer links with these groups.

Make sure that you let the purchaser know who you have con-

sulted as this will add credibility and weight to the bid.

I'm on the short list!

Depending on the degree of formality of the bidding process, you may be asked to make a presentation or attend an interview if you are short-listed. By this time, your document will be second nature to you. Make sure that you have thought of any possible shortcomings in the bid, and be prepared to justify costs and the decisions you have made. If you are presenting, rehearse, keep it short and simple, and remember that a business-like presentation will give the panel confidence in your ability to deliver what you propose.

If you are an National Pharmaceutical Association member, we can help as well. Our information department can find relevant facts and figures to help you prepare your bid, and the professional development department is on hand to offer advice and, where necessary, to review any bid you are hoping to submit.

This article is designed to give you an idea of what to expect if you enter the tendering process. Making a submission will involve a great deal of work and probably a few sleepless nights, but if you are successful, I guarantee it will give you as great a sense of achievement as passing your first exam!

Let the purchaser know who you have consulted as this will add credibility and weight to the bid



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Training of OTC reps – and not before time!

Congratulations to the Proprietary Association of Great Britain for recognising that OTC representatives, like their colleagues who work on prescription products, should be trained to an accredited standard.

It is to be hoped that the Association will 'go the whole hog' and ask pharmacists what they want from a representative before embarking on the training programme.

The dividing line between prescription and over the counter pharmaceuticals is increasingly blurred with each POM to P switch and, indeed, one major pharmaceutical company has publicly stated its reluctance to bring to market any POM product that does not have the potential to switch to OTC status.

In many ways, the pharmaceutical industry is now recognising the importance of the too-long ignored community pharmacist, and I am certain that the renewed relationships will bring about mutual benefits.

Graham Phillips
St Albans

Generic ranitidine not exclusive to AAH

We feel we must draw attention to a misleading headline in **Prescription Specialities** (C&D January 11, p8) under the heading 'Exclusive ranitidine offer from Hillcross'. This gives the impression that AAH/Hillcross will be the only wholesaler in a position to supply the new generic ranitidine.

This is clearly not true as Graham Tatford and other wholesalers will be allocated stock by Generics UK on the release date (see also **Business News** p28). As we have had a number of queries from customers we ask you to set the record straight in the interests of all wholesalers that distribute products supply by Generics UK.

Ian Crimp
Marketing sales manager,
Graham Tatford

Appeasement never works

I cannot allow **Xrayser's** comments last week to pass unchallenged. Sadly, he seems to have ignored a number of essential facts.

The problem which pharmacy sees with market towns was negotiated and agreed to by the

representatives of pharmacy and were enshrined in the original Clothier Regulations.

However, what has now become the notorious 'loophole' was created by incompetent redrafting of the respective regulations within the Department of Health.

The DoH has always insisted there would be no changes to Clothier without a joint approach. There was no approach by either side to create the loophole.

If the pharmacy side is dissatisfied with any aspect of Clothier, then it should do the honourable thing and approach the General Medical Services Committee (GMSC) and the DoH about changes, not take the arguably, unethical opportunity of sneaking through an unnegotiated hiatus, then use that as a lever to gain its own ends.

The trade-off – closure of the loophole for relieving pharmacy of the market town matter – is vigorously opposed by the Dispensing Doctors' Association and, I believe, by a number of leading members of GMSC. We believe the case for the extension of doctor dispensing is unshakeable, that pharmacy intends the

abolition of doctor dispensing and that such a trade-off is merely appeasement – and appeasement never works.

Dr David Roberts
Chairman, Dispensing
Doctors' Association

Taking responsibility

I refer to your news story in the January 4 issue of *C&D*, regarding the resignation of Norton Healthcare from the Association of the British Pharmaceutical Industry. The final sentence stated that, as a non-member of the ABPI, any further breaches of the regulations will be referred to the Medicines Control Agency.

As a non-pharmacist, I am somewhat surprised that the referral or non-referral of a breach of the Medicines Act 1988 is dependent upon whether or not the company concerned is a subscriber to the ABPI.

Surely, a responsible body, even a non-statutory body such as the ABPI, would report any breach of the regulations to the MCA, irrespective of the company concerned being a subscribing member?

Dr P A Vane
East Twickenham

TWO REASONS TO SPEND MORE ON HILLCROSS



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Renewing your lease is not a simple process, but good preparation improves your chance of negotiating the best terms, as Gerard Finn explains

As lease renewal becomes more complex, and with a general upturn in the commercial property market, some landlords may see a long-awaited opportunity to inflict maximum financial damage upon the tenants. Here's how to construct your legal suit of armour.

When renegotiating a lease, all the terms are up for negotiation. As the law and its associated procedures are complex and contain many pitfalls for the unwary, there is only one way to get the best deal – be prepared. Obtain advice from a professionally qualified commercial surveyor at least 12 months before your lease expires. He should provide a report detailing likely lease terms given current practice and prevailing market conditions. This report will also cover the tactics you should employ in dealing with your landlord and the timing of any notices.

In particular, you should think very carefully about the length of new lease you require – a court will normally find in the tenants' favour on this. A wise pharmacist will also employ the best professional advice he can afford from a solicitor who, like the surveyor, should be well versed in dealing with these matters.

Most business tenancies, including shop leases, are covered by the security of tenure provisions set out in Part II of the Landlord & Tenant Act, 1954. In essence, this Act gives a retailer security of tenure when the lease expires, which means that he is protected by the courts when determining the new lease terms.

While a number of statutory amendments have been introduced over the past 40 years, as well as an abundance of case law, the Act has largely survived the excesses of post-war economic cycles. Even now, the amendments being proposed are minor.

How long is your new lease going to be? That is one of the main points to consider when your lease comes up for renewal. At renewal, it is normal to make the lease term largely similar to that currently enjoyed by the tenant, subject to a maximum term of 14 years. Against this, a tenant must consider how long he wishes to remain in occupation. If doing so on favourable terms, the right to occupy can be an asset which can be sold. However, it can also be a liability,

New lease of life



incurring rent, rates, repairs and sometimes a service charge throughout its duration.

You must also consider the location of your pharmacy. Is it likely to improve or deteriorate during the term of the new lease? If it could improve, a longer lease may be better. However, if the location is expected to deteriorate, the lease could turn out to be a liability rather than an asset.

It is also worth remembering the following points:

- if terms cannot be agreed through direct negotiating with the landlord, then the dispute is normally referred to the county court for a judge to decide the outstanding issues. Terms that

normally cause the most arguments are, not surprisingly, the amount of rent, the length of term and the frequency of rent review

- unlike most rent reviews, when rents are generally revised upwards, rents at lease renewal can also go down

- landlords must give notice of their intention to implement the renewal but what is not generally known is that a tenant can also initiate the procedure. In locations where rents are falling, it suits the landlord to do nothing, but a well advised tenant can ensure that the rent is reduced and his right to security of tenure is maintained

- there are many pitfalls for the uninitiated. Dealing with the landlords' initial notice and making a protective application to court are absolutely fundamental and should not be attempted without professional advice. Failure to comply with the notices and to apply within strict time limits can mean forfeiting your security of tenure protection. Over-ambitious landlords often quote excessive terms and employ bullying tactics, but experienced professional advisers are well used to countering such claims

- one of the advantages of renegotiating older, unwieldy leases is that clauses and terms which are now out of date can be changed. At the renewal stage, both landlord and tenant have an opportunity to 'sanitise' the lease document. With the principal terms, such as rent, lease length and rent review, up for renegotiation, the lease can be set on a modern footing

- one of the potential disadvantages is that, unfortunately, rents do tend to rise – particularly if they were last fixed many years

A wise pharmacist will also employ the best professional advice he can afford from a solicitor well versed in property matters

ago. Also, employing solicitors and surveyors incurs costs – you should first obtain a quote in writing for the job prior to engaging these professionals. If court proceedings are involved, renegotiation can become a lengthy and, as a result, costly process. Fortunately, with the overwhelming weight and precedent of other settlements, these now tend to be a rarity.

Bearing all this in mind, it is not impossible to renegotiate a decent new lease. Good luck!

Gerard Finn is a partner at Healey & Baker, where he is responsible for one of the largest retail rent review teams in the UK. He negotiates over 600 rent reviews and lease renewals annually. He is also a practising arbitrator of rental disputes and a fellow of the Royal Institution of Chartered Surveyors.

Gehe to take its time with Lloyds

Dieter Kämmerer, Gehe's chairman, met Lloyds' management this week to begin the process of integrating the two companies.

Mr Kämmerer set off from his company's headquarters in Stuttgart, Germany, in the middle of the week and was expected to spend the rest of the week talking with Lloyds' management.

Stefan Meister, AAH's group finance director, says Gehe wants to get an impression of Lloyds. But the German company will not make any decisions until it has conducted a lengthy review of its new acquisition. That review could take three to six months.

"This will give us a sound information base from which we will make our strategic decisions," says Mr Meister.

Questions about which parts of Lloyds' business will be divested, who will be appointed to run the remainder, and whether the company's 920 pharmacies will be integrated with Hills' 350 outlets or kept separate, will not be answered until the review is complete.

Mr Meister says speculation about whether the Lloyds' name will disappear is not important. "What is important is that customers get the service they need from the pharmacies. It doesn't matter whether those pharmacies are called Hills or Lloyds. But that question will be under review," he says.

Jeff Harris, Unichem's chief executive, maintains that the German group will have a big integration problem. Mr Meister disagrees. "I would say that integrating two companies of this size is a complex and demanding task, but we have planned this task very thoroughly and I don't think we will have any problems," he says.

Under last year's Monopolies and Mergers Commission's ruling, Gehe has to divest seven Lloyds' depots at Carlisle, Cambridge, Coulsdon, Derby, Glasgow, York and Belfast.

Gehe says there are 20 purchasers, whom it will contact to begin negotiations. The MMC says the company has to sell the depots within three months. Mr Meister says it will have no problem honouring that deadline.

Mr Harris admits that the loss is "a great disappointment ... Lloyds has gone for a very high cash price which, ultimately, we weren't prepared to match".

This company's decision to quit, he says, was in the interests of its shareholders.

"The deal was significantly right for us. It's just that as it got more expensive – the bids and rebids – to decide whether the going to benefit both shareholders, ours and Lloyds, or only one set. As the bid price grew, the benefits switched entirely to Lloyds' shareholders," he says.

He rejects the suggestion that Unichem's bid might have been a wrong move.

"We would have been able to buy Lloyds at 400p [at the beginning of last year], which would have been the steal of the century. That 525p [Gehe's final bid] vindicates the decision we took."

This company, he adds, will continue to look for good pharmacies to build up its retail chain. It will also seek to develop further its wholesale interests, both in the UK and in Europe.

"Now that Gehe has got Lloyds, it's got a big integration problem and this is going to work to our advantage as a competitor," he says.

Staging the bid cost Unichem \$14 million, although it made a \$3.5m profit on the Lloyds' shares it sold.

Unichem's shares – perhaps reflecting investors' relief that it had not stretched its finances with a higher bid – rose 13.5p to 269.5p on Monday.

After almost exactly one year of bids and counter bids, Lloyds' fate was decided in a couple of working days. Last Friday, Gehe surprised some observers by increasing its bid to 525p, valuing Lloyds at \$684m. The German company's previous offer of 500p, which it had called "extremely generous", was already worth more than Unichem's cash and shares offer. The balance of speculation had



were impressed. By the end of the day, the German group's stake in the company had grown to 21 per cent. Unichem remained quiet, although its share price closed at 256p – up 10p – valuing its offer at \$650m.

Two hours of frenetic activity on Monday morning decided the outcome. At 9.45am, Gehe bought a 30 per cent stake in the chain, lifting its overall ownership to 53.6 per cent.

Soon after, Lloyds recommended its shareholders to accept this final bid.

Michael Ward, Lloyds' group managing director, says it had opted for Gehe to benefit its shareholders' financial interests. "We believe our shareholders would do better by accepting their [Gehe's] offer because they would have a better return in the short-term," he says.

Unichem decided not to increase its offer. However, it released an early taster of its full year results.

The group's consolidated pre-tax profits, before bid costs, had grown 8 per cent to \$53.5m. Its fully-diluted earnings per share, again before bid costs, had risen 6 per cent to 20.2p per share. It forecasts a net dividend of 5.8p per share, bringing its total dividend for the year to 8.8p, up 10 per cent on that of the previous year.

But Unichem could see by now that it was fighting a lost cause. At 11.02am, it gave up the fight and sold its Lloyds' shares – nearly 12.3 million – to Gehe. By the end of the day, Gehe owned 78.3 per cent of Lloyds' capital.

New Numark wholesaler

Numark has appointed Penrith-based Border Chemists Alliance as a wholesaler. BCA covers south Scotland, Cumbria, north east England and the Borders, and is a Numark agent for parts of Cumbria and north Lancashire.

Scholl sells Septivon brand

Scholl has sold Septivon to Chefaro International for Ffr125 million (£14m). Scholl says the sale reflects its decision to concentrate on its Scholl products. However, the sale cannot be completed until the French government gives Chefaro permission to distribute Septivon in France. Scholl is also negotiating to sell Laboratoires Valdor, a French cosmetics business.

Xmas cheer for beauty sales

Pharmacies enjoyed excellent cosmetic and fragrance sales because of the peak Christmas period, according to the British Retail Consortium. Medicine sales were comparatively low early in December, but they picked up sharply later in the month because of a nationwide spate of coughs and colds.

Merck invests \$8.5m

Merck Sharp & Dohme is set to produce two new medicines after investing £8.5 million in its factory in Cramlington, Northumberland. The new brands are Singulair, an asthma treatment, and Maxalt, an anti-migraine product. MSD will be taking on 66 more employees, buying equipment and extending its quality assurance laboratory. It has also received a £500,000 regional selective assistance grant from the Department of Trade and Industry.

Good prospects for VMS

Sales of vitamins, minerals and supplements could top \$500 million by 2001, according to a Seven Seas' report. By then, it adds, nearly 50 per cent of women and 40 per cent of men will buy VMS.

About 39 per cent of the UK population took vitamins last year, up 19 percentage points on the figure for 1986. Vitamin sales grew 14 per cent to \$315m.

The VMS market is currently the number one sector in OTC products and looks set to continue as the biggest and fastest-growing OTC healthcare market, according to the report.

Pharmacy still dominates the market with a 42.6 per cent share, whereas drugstores and grocery sales combined amount to 40 per cent of the market.

BTC among Boots' top earners

Boots the Chemists was one of Boots' best performers, as group sales rose 6 per cent for the third quarter to December 31.

BTC's sales grew 7.1 per cent during the quarter. Its core areas of health and beauty were particularly strong, says the company.

Christmas sales, however, were erratic. They began well, slowed down throughout December, then surged during the Christmas peak and remained high early in the new year.

Although few people appeared to catch flu before Christmas, healthcare sales rose by 8 per cent. Beauty and personal care grew 9 per cent, while cosmetics, including Boots' own-labels, leapt 20 per cent.

Meanwhile, Boots Healthcare International has acquired a privately-owned Italian skin care specialist, Farnila Dermical, for Lire10.6 billion (\$4.1 million).

The Italian firm has annual sales of Lire5bn (\$2m). Its brands include Balta, Riaderm and Leviax, and it produces treatments for psoriasis, seborrhoeic dermatitis and acne.

BHI wants to set up a skin care division of Laboratoires Dermatologiques Lutsia in Italy (Boots acquired the French company last September).

Farnila Dermical's dermatology team will complement BHI Italy's existing pharmacy sales force. Farnila's expertise and resources, says Boots, gives BHI a launch pad for its entry into the Italian skin care market.

In Italy, BHI already sells Nurofen and Strepsils. The addition of Farnila will increase BHI Italy's annual sales to more than \$15m.

Ranitidine launch coup

Generics UK has obtained a licence from Glaxo Wellcome to sell ranitidine Form 2 six months before the patent for Form 1 runs out [Form 2's patent expires in 2002, while that for Form 1 does so on July 25].

Under an agreement, whose details remain confidential, Generics UK will launch ranitidine Form 2 on January 25.

The generic will be supplied to 60 wholesalers in the UK.

Ranitidine Form 2 will come in a choice of either 150mg tablets in calendar packs of 60 or 300mg

tablets in calendar packs of 30.

Despite huge demand for the generic, each wholesaler will be supplied an unspecified amount only because of limited supplies.

Jackie Gregory, Generics UK's marketing director, says this is the biggest-ever generic launch in the UK.

AAH Pharmaceuticals, one of the wholesalers involved, has linked orders for the generic with those for its Hillcross products. The more Hillcross lines pharmacists buy, the more ranitidine Form 2 they will be able to order.

Ceuta backed by 3i capital



Left to right are Matthew Mead from 3i, Annette D'Abreo, Ceuta's sales and marketing director, and Edwin Bessant, managing director

Ceuta Healthcare has received an undisclosed sum from 3i, the investment capital group, to finance an expansion drive. In return for its support, the investor will receive equity in the company.

Ceuta Healthcare specialises in representing UK-based healthcare companies. It sell their products to clients who include pharmacies, wholesalers, Boots and the major supermarkets.

Ceuta's managing director,

Edwin Bessant, says: "3i's capital injection provides funding to enable us to launch our own healthcare products, thereby maximising our leading position in the niche market."

"It also allows Ceuta to take advantage of growing market opportunities, as an increasing number of products are made non-prescription."

Ceuta recently launched its first own-brand product, Oratrin, an internal breath freshener.

COMING EVENTS

TUESDAY, JANUARY 21

East Metropolitan Branch, RPSGB

Wanstead Library, Spratt Hall Road, Wanstead, E11, 7.30 for 8.00pm. 'New anti-malarial drugs from plants' by Dr Colin Wright, lecturer in pharmacognosy.

WEDNESDAY, JANUARY 22

Buckinghamshire Branch, RPSGB

Garden Court Hotel, Watermead, Aylesbury, 7.30 for 8.00pm. 'Eating disorders' by Dr A Kelly, consultant psychiatrist.

THURSDAY, JANUARY 23

Glasgow and West of Scotland Branch, RPSGB

Burns supper at the private dining room, Western Infirmary, Glasgow.

Harrow & Hillingdon Branch, RPSGB

Clinical Lecture Theatre, Northwick Park Hospital, 7.30 for 8.10pm. 'Fundholding - the facts' by Anna Jenkins, pharmaceutical adviser to the Brent & Harrow Health Authority.

SATURDAY, JANUARY 25

Leicestershire Branch, RPSGB

Beer and skittles night at the Oadby Owl pub, Leicester, 7.30 for 8.00pm.

ADVANCE INFORMATION

The Wellcome Institute for the History of Medicine is holding an exhibition, 'Doctor death: medicine at the end of life', from **January 24 to June 21**. Contact Caroline Gardner on 0171 611 8474.

BIRA is organising a meeting, 'Biotechnology: development genetics', on **March 4** at the Marlborough Hotel, London W1. Contact Sue Stevens on 0171 538 9502.

The College of Pharmacy Practice is organising a study day, 'The future role of drugs and therapeutics committees', on **March 7**, at the Alveston Manor Hotel, Stratford-upon-Avon. Contact Hilary Cameron on 01203 692400.

REGISTRATION FORM (COMPLETE CLEARLY IN BLOCK CAPITALS)

Fill in your name (as you wish it to appear on the CiCPM.)

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(all other initials as registered with the RPSGB or PMSI)

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Additional single module copies at £4.00 per module (plus VAT of £0.60), will be available only to Chemist & Druggist subscribers or registered Community Pharmacy readers from Miller Freeman (Full set £40.00 plus VAT of £5.96).

Have you completed a PMSI questionnaire in your name for your pharmacy?

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(Refunds will be issued by PMSI after you register with Miller Freeman; see insert with first module).

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The ten modules for the first half of the course will come free to UK pharmacies through either Chemist & Druggist or Community Pharmacy (see insert with this module in this issue for full details).

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half the 100 hours needed for the CiCPM. The fee covers project administration, registration and telephone marking, and three progress reports.

Pharmacists who wish to proceed to second 50-hour project stage must have registered with Miller Freeman for the module component. The second stage attracts a fee of £200 to cover course preparation, marking, access to a course tutor and certification by QUB. Pharmacists registering for both parts simultaneously can save £25.

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ABOUT people

New R&D unit for Queen's

A new pharmaceutical research facility opened this week at the School of Pharmacy at the Queen's University of Belfast as the result of the school's joint venture with local pharmaceutical company Galen.

The laboratory will carry out research on novel drug delivery systems, with special emphasis on the area of women's health. Queen's School of Pharmacy's expertise in drug delivery systems complements Galen's man-

ufacturing capabilities, according to Professor David Woolfson, director of the new unit and head of the school's research division.

"The technologies being developed by the unit will primarily involve the intravaginal route of drug absorption and will hopefully contribute to a better outlook for a range of conditions which require long-term drug therapy or preventative treatment," says Professor Woolfson.

The university-industry enterprise represents an investment of \$2.2 million and builds on the existing co-operation between the two establishments in the province.

"I have no doubt that this new initiative, which will further strengthen our close relationship with Queen's, will significantly enhance the company's research and development capacity," says the founder of Galen, Dr Allen McClay.

Alison Ford, of West Wellow, near Romsey, collects a cheque for £500 and a Fujifilm Fotonex APS camera after winning second prize in a national Fujifilm photographic competition. With her are pharmacist Roger Shaw (left) of Shaw's Chemist, Romsey, the local Fujifilm Image Service branch where Mrs Ford's photograph was processed, and Dave Dickinson of Fujifilm

Volunteers needed for holiday!

Pharmacists with a particular interest in asthma and/or eczema are being asked to provide special care for children taking part in a unique holiday programme.

The National Asthma Campaign and National Eczema Society have organised a joint holiday project, which offers children from six to 17 with chronic conditions the chance to enjoy adventure vacations.

All accommodation, food and equipment is provided for helpers; travel expenses are also reimbursed. A training weekend for volunteers takes place in the Lake District in early March.

Six one-week holidays at activity centres in Scotland, Nottingham, Buckinghamshire and the South Coast are planned over Easter, and in July and August.

This year sees a record 210 places available for children. With a ratio of one staff member to every three children, around 100 volunteers are needed.

Pharmacists and other volunteer medical staff have special responsibility for the supervision of the children's medication and to ensure their welfare throughout the holiday.

They are also asked to lead brief sessions in the practical management of asthma and eczema, including inhaler use, relaxation techniques and skin care.

For further details and an application form, contact Michael Fantom at the National Asthma Campaign, Providence House, Providence Place, London N1 0NT or ring 0171 226 2260.

A female influence in the chamber



Personnel and administration manager at the National Pharmaceutical Association Valda Elson has become only the second-ever woman president of the St Albans Chamber of Commerce.

Her new role will see her deal with the problems that small, local companies encounter. The chamber of commerce network provides businessmen with support and gives them the opportunity to talk directly to local policy-makers, she says.

"From my experience in giving legal advice to NPA members on employment, and health and safety legislation, I am very aware of the diverse problems that beset small businesses in the 1990s. That is why I am a firm believer that chambers of commerce are essential to the local business community," she says.

This year, Ms Elson plans to invite prospective MPs to address the Chamber and put forward their party's viewpoints, once the date of the general election has been decided. She is also organising a three-day trip to Strasbourg and Luxembourg to see the European Council in action.

She has represented the NPA in the St Alban's Chamber for the past 12 years.

APPOINTMENTS

Terence Hannawin (below) has been made a fellow of the Pharmaceutical Society of Northern Ireland for distinction in the profession of pharmacy.

Vanguard Medica has announced the appointment of **Dr Gary Acton** to its board of directors. Dr Acton joined the senior management team at Vanguard Medica in 1995 as vice president, clinical development, and he has been res-

Latest roll-call of new CPP members

The following candidates have passed the College of Pharmacy Practice's membership examination and have now become full members: David Binyon, Jason Hall, Wendy Humphris, Jam-

nadas Katechia, Steven Majer, Maksud Matadar, Kantaben Patel, Valerie Reilly, Elizabeth Russell, Elizabeth Sillito, John Spark, Fiona Walker and Elizabeth Warren.

possible for building up the company's clinical operations department.

Peter Fothergill has been appointed an executive director of ML Laboratories, while **Dr Colin Brown** has been made medical director. Mr Fothergill was chairman of Fison's pharmaceutical division. Dr Brown is a consultant in renal medicine and transplantation at the University of Sheffield Medical School.

The historic centre of Bury St Edmunds was threatened after a fire broke out in a Lloyds branch earlier this month. The fire started in the store room of the 16th-century timbered shop. It took 50 firefighters two and a half hours to control the blaze, with concerns that the fire might spread to the roof of the building. Amazingly, the shop re-opened for trade on the same day



East Anglian Daily

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